

HS	PREMARKET NOTIFICATION SUBMISSION – 510 k	Data: 11-02-2003 Pag. 32 di 32
	TRAPMATIC SYSTEM® SET	

510 (k) SUMMARY

MAR - 1 2004

K033616

➤ Applicant	: HS Hospital Service S.p.A. Via Naro,81 – 00040 Pomezia (Rome) Italy
➤ Contact Person	: H-S Medical, Inc. Mr. Lucio Improta 1200 Clint Moore Rd. Suite # 1 Boca Raton, FL 33487 Tel. (561)443-3321 - Fax. (561)443-3532 e-mail : hsmedicalinc@aol.com
➤ Submission Date	: November 02, 2003
➤ Trade Name	: TrapMatic System® Set Bone Marrow Biopsy Needle
➤ Common Name	: Bone Marrow Biopsy Needle
➤ Classification Name	➤ : 876.1075 - Biopsy instrument

❖ Indication for use :

This biopsy instrument is used for drawing of osteomedullary substance and or for explantation of bone marrow.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAR - 1 2004

HS Hospital Service S.p.A.
c/o Mr. Lucio Improta
H-S Medical, Inc.
1200 Clint Moore Road, Suite #1
Boca Raton, Florida 33487

Re: K033616

Trade/Device Name: TrapMatic System® Set
Regulation Number: 21 CFR 876.1075
Regulation Name: Gastroenterology-urology biopsy instrument
Regulatory Class: II
Product Code: KNW
Dated: November 2, 2003
Received: December 2, 2003

Dear Mr. Improta:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

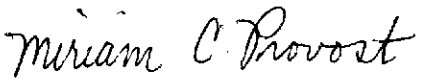
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,


for Celia M. Witten, Ph.D., M.D.

Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure


Indications for Use

510(K): 033616

Device Name : TRAPMATIC® SYSTEM SET

Indications for Use :

This biopsy instrument is used for drawing of Osteomedullary substance and or for explantation of bone marrow.

Prescription Use 
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Miriam C. Provost
(Division Sign-Off)
Division of General, Restorative,
and Neurological Devices

510(k) Number K033616